

INFORMATION SYSTEM USE AGREEMENT

As a user of Fairfax County Government's Information Systems, including the Electronic Health Record (EHR), I understand that the protection of county information resources is important. With data and information being a resource of the county and the Fairfax-Falls Church Community Service Board (CSB), I further understand that data and information must be protected from unauthorized access, modification, disclosure or destruction. I also understand that the integrity of county and CSB data and information is important. With access to county and CSB Information Systems components, which include hardware, software, information and data, I realize that I am provided with the tools necessary to access county and CSB data and information. To protect the county's and CSB's resources, I agree to comply with the provisions of the Information Protection Manual. Specifically, I agree to comply with the following:

1. I will use county and CSB Information Resources for authorized purposes.
2. I will not attempt to bypass county and CSB security measures.
3. I am responsible for the security of my passwords and access codes. This includes selecting my passwords in accordance with password policies, changing passwords on a regular basis and making sure that no one else knows them.
4. I will use only authorized software and will virus-scan all software originating outside the county prior to loading, installing, or using it on a county or CSB system.
5. I am responsible for the use of my account. I will not give anyone else access to my account and will not use an account not assigned to me, unless properly authorized.
6. I will take reasonable and prudent measures to protect county and CSB information resources, including software, hardware, data and information.
7. I will comply with copyright laws. I will not use any pirated software.
8. I will report information security related incidents to my Agency Information Protection Coordinator or the Information Security Manager.

INTERNET USE AGREEMENT

As a user of Fairfax County Government's Information Systems Resources, I understand that the protection of county information resources is important and that I am provided with the tools necessary to access county information resources. Furthermore, I understand that access to Internet resources using county systems is granted to me for the conduct of county related business purposes. To protect the county's resources, I agree to comply with the provisions of the Information Protection Manual. Specifically, I agree to comply with the following regarding Internet access:

1. I agree to use the Internet for authorized business purposes and will abide by all county policies, procedures and directives regarding Internet use.
2. I will not access, review, transmit and/or download any material at any time that may be inconsistent with county policies. This includes, but is not limited to: materials deemed to be pornographic, offensive, or in violation of Federal, State or Local statutes.
3. I will not use county information resources for personal or financial gain.
4. Access and use of Internet resources must not interfere with the county's business objectives and goals and must be consistent with county government's purposes.
5. I understand that my computer use may be audited at any time by appropriate county management individuals, to ensure compliance with county policies, procedures and standards.

I have read and agree to comply with the provisions as stated above regarding the usage of the Information Systems Use and Internet Access.

Signature _____ **Date** _____

Print Name _____

Status: ☐ CSB Employee ☐ Contractor ☐ Volunteer ☐ Vendor ☐ Intern ☐ Other _____